



CITY OF NEWPORT BEACH
REVENUE DIVISION
100 CIVIC CENTER DR • P.O. BOX 1768
NEWPORT BEACH, CA 92658-8915
(949) 644-3141
RevenueHelp@newportbeachca.gov
<http://www.newportbeachca.gov/Revenue>

ADULT ORIENTED BUSINESS PERMIT APPLICATION

OFFICE USE ONLY

Permit Number

Master ID

BUSINESS INFORMATION

PERMIT FEE: \$768.00

Name: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____ Phone: _____

Legal Description of Parcel: _____

Anticipated Occupancy: _____ Date Enterprise Acquired: _____ Date of Commencement: _____

** Attach a Site Plan describing the building and/or unit proposed for the entertainment establishment and a fully dimensioned interior Floor Plan.*

Describe all proposed entertainment activities. Attach additional sheets if necessary.

OWNER(S)

Attach information about any additional owners on a separate sheet

Name _____ Alias(es) _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name _____ Alias(es) _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____ Phone: _____

Have any of the owners previously operated any similar business under a permit or license? No _____ Yes _____

If Yes, has any owner ever had the license or permit revoked or suspended? No _____ Yes _____

If Yes, explain _____

Is the Premises rented, leased, or being purchased under contract? No _____ Yes _____

If Yes, attach a copy of the lease or contract.

DECLARATION

I HEREBY CERTIFY THAT I INTEND TO AND THAT I WILL COMPLY WITH ALL THE OPERATIONAL REQUIREMENTS OF SECTION 5.96.025 OF THE NEWPORT BEACH MUNICIPAL CODE.

UNDER THE PENALTY OF PERJURY, I CERTIFY THAT I HAVE PERSONAL KNOWLEDGE OF THE INFORMATION CONTAINED IN THIS APPLICATION AND THAT IT IS TRUE AND CORRECT. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND THE PROVISIONS OF CHAPTER 5.96 OF THE NEWPORT BEACH MUNICIPAL CODE.

Name (Printed)

Signature

Date